

KSOP SCHOLARSHIP APPLICATION FORM

Application Deadline: June 15, 2025; 11:59 pm (CET)

1. Personal Information

Last Name:	First Name:
Date of birth (DD/MM/YY):	Place of birth:
Nationality:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
Correspondence address:	
Phone:	E-mail:

2. Optics & Photonics related experience (working experience or else)

1) Institute / Organization / Company:		
Type of work:		
Duration (month/year)	From	To
2) Institute / Organization / Company:		
Type of work:		
Duration (month/year)	From	To

3. Language Proficiencies

Mother tongue:

German proficiency (Deutsch als Fremdsprache level) - **(Please attach documents of proof to this form):**

<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
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4. Please make sure to submit the following documents. If we do not receive them, we will not be able to consider your scholarship application.

Bachelor Transcript of records

Current CV

Letter of Motivation (1 page maximum)

5. Final Declaration

I hereby declare that all statements contained in this application are true.

I agree to report any relevant alteration in the information given above.

6. Please submit this scholarship application form along with attachments in a single PDF document (maximum size 5 MB) to mscapplication@ksop.de until June 15, 2025; 11:59 pm CET. Scholarship applications submitted after this deadline will not be considered.